

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032675

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 106

FILED SEP 16 1963

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
10500		
20500		
3		
4 0		
5 1		
6		
7 0		
8 0		
9 57X		
10		
11		
12 90-0		
13 4-0		
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	MEDICAL CERTIFICATION
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Imperial</u>		c. CITY OR TOWN <u>Imperial</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 3 Box 85C</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 3 Box 85C</u>	
3. NAME OF DECEASED (Type or print) First <u>Michael</u> Middle <u>F.</u> Last <u>Hill</u>		4. DATE OF DEATH Month <u>9</u> Day <u>9</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-27-1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Max Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Boenker</u>	
14. NAME OF HUSBAND OR WIFE <u>Kathryn Hill</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W.#2</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Kathryn Hill Imperial Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of Head of Pancreas</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinomatosis - metastatic</u> DUE TO (c) <u>[REDACTED]</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[REDACTED]</u> s.m. <u>[REDACTED]</u> p.m. <u>[REDACTED]</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Jefferson Barracks Mo</u>	
21. I attended the deceased from <u>6-march 63 to 8-sept 63</u> and last saw ^{her} him alive on <u>8 Sept 63</u> Death occurred at <u>2:48 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. D. Susanna Ind.</u> (Degree or title)		22b. ADDRESS <u>9438 1/2 Grouniss</u>	
22c. DATE SIGNED <u>11 Sept 63</u> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>9-12-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Jefferson Barracks Mo</u>		24. FUNERAL DIRECTOR <u>FENDLER UND Co. 7420 NICH</u>	
25. DATE RECD. BY LOCAL REG. <u>9/11/63</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1963

N. Duane
9440 Michigan
St. 3-4642
Mr. 1-3666
11 till 2 - Wed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.